



## COVID-19 Update: OMHAS issues guidance for opioid treatment programs

March 16, 2020

Ohio Mental Health & Addiction Services (OMHAS) has issued guidance to support Ohio opioid treatment programs (OTPs) in light of the COVID-19 (coronavirus) outbreak. In the guidance, OHMAS offered answers to several common questions that Ohio OTPs are facing regarding coronavirus, including:

- How can OTPs reduce transmission of COVID-19 in an OTP facility?
  - OTPs should implement the Centers for Disease Control and Prevention's interim infection prevention and control recommendations in health care facilities.
- Can an OTP dose someone in a separate room if they present with a fever or cough?
  - Yes, and OTPs should develop procedures for staff to follow for patients who present with symptoms of respiratory illness to dose them in a location other than the general lobby or dispensary.
- What guidance is there from Ohio and the Substance Abuse and Mental Health Services Administration (SAMSHA) to provide patients with take-home dosing during this public health emergency?
  - OTPs should submit exceptions for individual patient cases for take-home dosing through SAMSHA and consider patient communication

through phone calls and emails. OTPs should also consider posting signage onsite asking patients to contact the OTP by phone or email before coming onsite so that take-home approval can be prepared in advance for dispensing.

- If large-scale, agency-wide policies for large numbers of patients to provide take-homes are sought, OTPs should submit a blanket exception through the SAMHSA OTP extranet website containing specified information. SAMSHA has approved the following courses of action via the SAMHSA OTP extranet website. Patients receiving any exemption must have naloxone personally furnished (not just prescribed) by the requesting OTP or be able to demonstrate that they have a naloxone unit that is not currently expired.
  - Blanket take-home medication exceptions to receive up to two weeks of medication for patients with lab-confirmed COVID-19, not including patients who have fully recovered from COVID-19.
  - Isolation and evaluation by a medical provider for patients exhibiting symptoms of respiratory infection, cough and fever to make a determination as to the safe number of take-home doses not to exceed 14 days of medication.
  - Take-homes of up to seven to 14 days for patients with significant medical comorbidities, particularly patients over age 60 with chronic and severe pulmonary, cardiac, renal or liver disease, or immunosuppression.
  - Staggered take-home schedules for other selected patients not to receive more than two days of take-home medication
  - Patients on buprenorphine are currently permitted a 14 days' supply of MAT during the first 90 days of treatment and do not require any change.
  - Any of the above types of patients determined to be unstable should continue daily dosing, such as patients who have a cognitive or psychiatric condition or an unstable living situation, but every precaution should be made to limit exposure from symptomatic patients.
  - For patients who are not on a stable dose, special considerations should be taken, such as for patients who are in a MAT induction phase or any phase during which they are increasing their methadone dose.
- All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. Clinics should remain open during regular business hours to field calls from patients who receive take-homes. All exceptions should provide appropriate complete

documentation on medication safety and diversion risk. OHMAS clarified that nothing under federal law prohibits the delivery of medication to patients if they cannot leave their homes or a controlled treatment environment. However, OTPs should seek approval for take-home dosing as described above.

- Where should OTPs refer patients for information about testing for COVID-19?
  - Patients can visit the Ohio Department of Health (ODH) website or connect with the ODH call center at 1-833-427-5634.
- Can OTPs shut down operations during a public health emergency?
  - As essential public facilities, OTPs must remain open in most emergency situations and continue to induct new patients. They should consult with State Opioid Treatment Authority Rick Massatti at [OTP\\_COVID19@mha.ohio.gov](mailto:OTP_COVID19@mha.ohio.gov) or 614-302-9513 before making decisions about operations.
- What should OTP personnel do to reduce their risk of getting and spreading COVID-19?
  - OTP personnel should take steps to wash hands often with soap and water for at least 20 seconds, cover their mouths and noses with their elbow when coughing or sneezing, and stay home and away from others if they are sick.
- Should OTPs be worried about medication shortages or supplies for methadone or buprenorphine products?
  - As of March 16, 2020, there have been no reports of potential disruptions.
- What other steps should OTPs take to prepare?
  - Update emergency contacts for employees and patients, including weekly cell phone number and carrier updates, because this population frequently changes cell phone numbers.
  - Keep State Opioid Treatment Authority Rick Massatti's contact information on hand. Email: [OTP\\_COVID19@mha.ohio.gov](mailto:OTP_COVID19@mha.ohio.gov); Cell phone: 614-302-9513.
  - Develop procedures for staff to follow if patients present with respiratory illness symptoms, and ask patients to call ahead to notify the OTP if they have these symptoms so the staff can dispense medication away from the general lobby and distant from others.
  - Develop back-up plans for alternate dosing in case of staff shortages or to limit staff exposure to patients, such as possibly interacting with patients through a glass window or telecommunication devices in the facility.
  - Currently, OTPs are required to have 10 days' medication inventory onsite, but this may be revised to 15 days or more in case some OTPs close due to staffing shortages.

- Take steps to maintain social distancing, such as expanding dosing hours or reserving special dosing times for high-risk patients, including those with comorbidities or pregnant women.
- How can OTPs stay up to date on COVID-19 developments?
  - OMHAS will be holding bi-weekly webinars to update OTPs.

OTPs can email additional questions to [OTP\\_COVID19@mha.ohio.gov](mailto:OTP_COVID19@mha.ohio.gov). The OHMAS guidance will be periodically updated and posted to the OhioMHAS website.